

Emergency department visit provides opportunity to reduce underage drinking

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The results of a five-year trial from faculty at the University of Michigan Injury Center found giving youth in the emergency department a short intervention during their visit decreased their alcohol consumption and problems related to drinking over the following year.

Early interventions are needed to reduce underage drinking and associated injury. Although the [emergency department](#) has long been seen as an important location to reach youth with risky drinking, how to do this practically has been a challenge.

The trial, funded by the National Institute on Alcoholism and Alcohol Abuse, examined the effectiveness of an emergency department-based brief [intervention](#), either delivered by a computer or a therapist, on reducing [alcohol consumption](#) and alcohol-related consequences over 12 months. Alcohol-related consequences included psychosocial problems, driving under the influence, alcohol-related injuries and alcohol-related drug use.

Patients ages 14 to 20, who were medically stable and seeking any type of medical care, were screened on arrival to the emergency department for risky drinking. Youth who reported risky drinking were then randomly assigned to receive a brief intervention, either by a therapist or standalone interactive computer program, or were assigned to a control group.

Of the 4,389 patients that were screened, 24 percent reported risky

drinking behaviors. The study found the intervention, no matter the delivery type, provided during their emergency department stay reduced the youth's future alcohol consumption and consequences from their drinking.

In fact, the therapist and computer brief interventions significantly reduced alcohol consumption among the patients at the three-month follow up visit, alcohol-related consequences at three and 12 months, and prescription drug use at 12 months.

Additionally promising, the computer brief intervention reduced the frequency of driving under the influence at 12 months and the therapist brief intervention reduced the frequency of alcohol-related injuries at 12 months.

"The study highlights that a single-session intervention in the emergency department can play a role in decreasing [underage drinking](#) among youth," says Rebecca Cunningham, M.D., director of the U-M Injury Center and U-M professor of emergency medicine and public health. "Emergency department staff is focused on urgent medical care. The finding that the computer program brief intervention helped youth reduce risky drinking is very promising, especially as an approach that is easy for health care sites to use without requiring dedicated staff time to administer."

The study was performed by the U-M Emergency Department, U-M Department of Psychiatry and the U-M Injury Center, and the results are published online in the journal *Pediatrics*.

"Our trial suggests just one brief intervention session, no matter the delivery type, has great promise among underage drinkers," says Maureen Walton, MPH, Ph.D., of the U-M Department of Psychiatry, U-M Addiction Research Center and U-M Injury Center.

More information: *Pediatrics*, [pediatrics.aappublications.org...s.2015-1260.abstract](https://pediatrics.aappublications.org/...s.2015-1260.abstract)

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